

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09/20/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.A.	J. 844	10/01/01
RESPONSE FORMALITY REVIEW	BZ <i>[Signature]</i>	897 832	01-14-02 02-21-02

INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected
Allowed
Canceled
Restricted

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Non-elected
Interference
Appeal
Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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